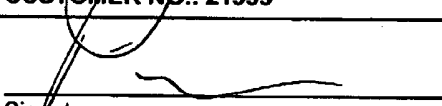


SN: 10/749,369

English Translation	
Certified Copy of Priority Document	
Non-publication Request under 35 U.S.C. § 122(b).	
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	
A Small Entity Statement	
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$385	\$385.00
Excess Claims Fee: 13 claims -20 x \$9	
Excess Independent Claims Fee: 5 -3 x \$43	\$86.00
Multiple Dependent Claims Fee: \$290/\$145	
Total Fees:	\$471.00
<input checked="" type="checkbox"/> Enclosed is a check for \$471.00 to cover the total fees. <input type="checkbox"/> Charge to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Paul T. Clark Reg. No. 30,162 Clark & Elbing LLP 101 Federal Street Boston, MA 02110 CUSTOMER NO.: 21559	
<div style="display: flex; justify-content: space-between;"> <div>  Signature </div> <div> <i>Dec. 31, 2003</i> Date </div> </div>	